



Docket: 2865 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Viola et al.

Examiner: Smith, Scott A.

Group Art Unit: 3721

Serial No: 10/528,889

Filed: March 23, 2005

For: **Surgical Stapler**

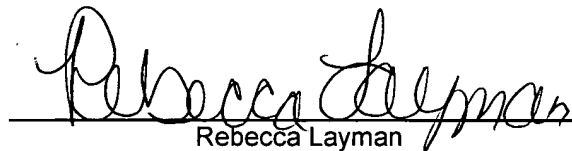
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Date of Deposit: March 22, 2007

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Revocation and Power of Attorney with New power of Attorney and Change of Correspondence Address
- ☒ Statement Under 37 CFR 3.73(b)
- ☒ Return postcard

are being deposited with the United States Postal Service under 37 CFR Section 1.10 on the Date of Deposit indicated above in an envelope addressed to Commissioner for Patents, P.O. box 1450, Alexandria, VA 22313-1450.


Rebecca Layman

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IFW 3721

PTO/SB/82 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/528,889
Filing Date	March 23, 2005
First Named Inventor	Frank J. Viola
Art Unit	3721
Examiner Name	Smith, Scott A.
Attorney Docket Number	2865 US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 50855

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

50855

OR

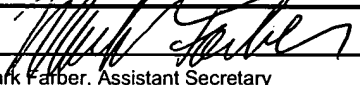
<input type="checkbox"/> Firm or Individual Name	Mark Farber, Vice President, Intellectual Property				
Address	United States Surgical, a division of Tyco Healthcare Group LP 195 McDermott Road				
City	North Haven	State	CT	Zip	06473
Country	United States of America				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Mark Farber, Assistant Secretary		
Date	3/22/07	Telephone	(203) 492-8193

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Tyco Healthcare Group LP

Application No./Patent No.: 10/528,889 Filed/Issue Date: March 23, 2005

Entitled:

Tyco Healthcare Group LP, a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 016940, Frame 0783, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Mark Farber
Signature

3/22/07

Date

Mark Farber

Printed or Typed Name

203-492-8193

Telephone Number

Assistant Secretary

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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